State of Hawaii
Department of Land and Natural Resources
DIVISION OF AQUATIC RESOURCES
1151 Punchbowl Street, Room 330
Honolulu, HI 96813
Phone #808-587-0100 Fax #808-587-0115

FOR OFFIC	CE USE
Permit No Issued : Expires:	.:

APPLICATION FOR AQUACULTURE DEALER LICENSE

Full Name:				
Title:				
Company Name <u>:</u>				
City:	State:		Zip:	_
Phone:	Cell:		Fax:	_
Email:				
Address of Market O	utlet (if different from a	above):		
	cies to be cultured and			
Species (Hawaiian oi	Common Name)	Scientific Nan	ne	

List the Licensed Aquaculture Facilities or Licensed Aquaculture Dealers supplying the aquatic life to you

Company Name	Address			Phone No.	Contact Person		
						_	
Any changes mus	st be submitted	l in writing to t	the Div	vision of Aqı	uatic Resources.		
Date:		Signature:					
						,	
		Print Name: _					
Liganga for \$200) (() Vaan Pa	nmit)					
License fee: \$200.00 (2 Year Permit)							